

CHAPTER 25
DISABILITY SERVICES MANAGEMENT

PREAMBLE

This chapter provides for reporting of county expenditures, development and submission of management plans, data collection, and applications for funding as they relate to county service systems for people with mental illness, chronic mental illness, mental retardation, developmental disabilities, or brain injury.

DIVISION I
DETERMINATION OF STATE PAYMENT AMOUNT

PREAMBLE

These rules list the eligibility conditions for receipt of the state payment, set the guidelines for content, due dates, and methodology for reporting county expenditures, and provide for the compilation of an annual state payment report by the department.

441—25.1(331) Definitions.

“*Base year*” means fiscal year 1994.

“*Director*” means the director of the department of human services.

“*Persons with brain injury*” means persons who meet the definition stated in rule 441—22.1(225C).

“*Persons with chronic mental illness*” means persons who meet the definition stated in rule 441—24.1(225C).

“*Persons with developmental disability*” means persons who meet the definition stated in rule 441—24.1(225C).

“*Persons with mental illness*” means persons who meet the definition stated in rule 441—22.1(225C).

“*Persons with mental retardation*” means persons who meet the definition stated in rule 441—24.1(225C).

441—25.2(331) Eligibility conditions. To be eligible to receive the state payment calculated according to rule 441—25.4(331), a county must meet all of the following conditions:

25.2(1) Completion of expenditure reports. The county accurately reported by December 1 the county’s expenditures for the previous fiscal year according to rule 441—25.3(331).

25.2(2) Single entry point process. The county has implemented a single entry point process.

25.2(3) County management plan. The county has developed and implemented an approved county management plan for serving persons with mental illness, chronic mental illness, mental retardation, developmental disabilities, and brain injury.

441—25.3(331) County expenditure reports. The initial expenditure report and net county expenditure report shall be submitted to the Division of Mental Health and Developmental Disabilities, Hoover State Office Building, Des Moines, Iowa 50319-0114.

25.3(1) Expenditure report. Counties shall submit an initial expenditure report consisting of the detail section of the department of management expenditure report for Service Area 4 (Service Area 4, Supporting Detail, Form 634-C, pages 1-8) for each fiscal year. The initial report for the base year and for each subsequent year is due by October 15 and shall contain the expenditures from the previous fiscal year.

25.3(2) Net county expenditure report. Counties shall submit Form 470-3168 (Parts 1, 2, 3, & 4), MH/MR/DD/BI Net County Expenditure Report, for each fiscal year beginning in fiscal year 1994 for all revenues and expenditures related to the provision of services to persons with mental illness, chronic mental illness, mental retardation, developmental disabilities, or brain injury. The net county expenditure report for the base year is due by January 1, 1995. Each subsequent net county expenditure report, beginning with fiscal year 1995, is due on December 1 and shall contain the expenditures and revenues from the previous fiscal year. The report shall contain the following:

a. Part 1 which is the calculation of net county expenditures for the indicated fiscal year.

b. Part 2 which converts a county's expenditures to generally accepted accounting principles and calculates an adjusted amount for the indicated fiscal year. This amount cannot include any expenditures for services which were provided but not reported in the county's base year expenditures or for any expenditures which were not included in the county management plan submitted by the county and approved by the director.

c. Part 3 which converts the information to generally accepted accounting principles and calculates an adjusted amount for the indicated fiscal year.

d. Part 4 which is the detail information on the dollars shown as exclusions or transfers in Parts 2 and 3.

25.3(3) Amendments to base year. If a county does not have the capability to capture specific costs that are chargeable to Service Area 4 but develops the capability at some future date, these costs can be included in the calculations in the following manner. The first full year in which the capability to allocate or charge these costs to Service Area 4 will be the year in which the costs will be used to adjust the "base" for this county. In subsequent years these costs may be included in the calculation of net county expenditures.

441—25.4(331) State payment calculation report. The department shall compile the net county expenditure reports submitted under rule 441—25.3(331) into an annual state payment report that will indicate the amount of state payment each county is eligible to receive (50 percent of the growth over the base year). This report shall be completed no later than January 31 of the following fiscal year.

These rules are intended to implement Iowa Code sections 331.438 and 331.439.

441—25.5 to 25.10 Reserved.

DIVISION II
COUNTY MANAGEMENT PLAN

PREAMBLE

These rules define the standards for the county management plan for mental health, mental retardation, and developmental disability services, including the single point of entry process for accessing services and supports paid from the county mental health, mental retardation, and developmental disability services fund (Iowa Code Supplement section 331.424A). These plans must be completed by a county and approved by the department in order to meet the requirements of Iowa Code Supplement section 331.439. The single point of entry process is hereinafter called the central point of coordination (CPC). The CPC is an administrative gatekeeper to the services fund and is not meant to supersede case management or service coordination. The county management plan describes how persons with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. In partnership with the state, the county management plan describes the capacities of the county to manage the county mental health, mental retardation, and developmental disability services fund in a manner that is cost-efficient. These rules are designed to give counties maximum flexibility to manage the public mental health and developmental disabilities (MH/DD) system themselves or, if a county so chooses, to contract with a private managed care company to manage all or part of the county's system. However, even when a county contracts with a private entity to manage its system, the county must still develop its own management plan in which it defines the parameters of consumer eligibility and service criteria to be used by the contractor. The county management plan shall be guided by the following principles: choice, empowerment, and community.

441—25.11(331) Definitions.

“Access point” means a part of the service system or the community that shall refer a person with a disability to the central point of coordination. Access points may include, but need not be limited to, providers, public or private institutions, advocacy organizations, legal representatives, and educational institutions.

“Authorized representative” means a person designated by the Iowa law or a consumer to act on the person's behalf in specified affairs.

“Board” means a county board of supervisors.

“Central point of coordination (CPC)” means the administrative entity designated by a board, or the boards of a consortium of counties, to act as the single entry point to the service system as required in Iowa Code Supplement section 331.439.

“Clinical assessment” means those activities conducted by a qualified professional to identify the consumer's current level of functioning and to identify the appropriate type and intensity of services and supports.

“Consortium” means two or more counties that join together to carry out the responsibilities of this division.

“Consumer” means a person who is eligible to receive services and supports from the service system.

“County” means a single county or a consortium of counties or an MH/DD regional planning council, as defined in Iowa Code section 225C.18, designated by the county to develop or implement the county management plan.

“County management plan” means the county plan, developed pursuant to Iowa Code Supplement section 331.439, for organizing, financing, delivering, and evaluating mental health, mental retardation, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, mental retardation, and developmental disabilities services and supports.

“*CPC administrator*” means a person who possesses a baccalaureate degree from an accredited school and has demonstrated competency in program administration and planning in human services or a related field working with people with disabilities.

“*Department*” means the Iowa department of human services.

“*Director*” means the director of the Iowa department of human services.

“*Emergency service*” means a service needed immediately to protect the life or safety of a consumer or others.

“*Evaluation*” means evaluation of services as described in 441—paragraph 22.4(3) “b.”

“*Fixed county budget*” means that portion of funds raised from property taxes and deposited into the county mental health, mental retardation, and developmental disability services fund established in Iowa Code Supplement section 331.424A.

“*Full-risk contract*” means a contract that a county enters into with a management organization that requires the management organization to provide an agreed-upon array of services to all eligible consumers at an established cost and at full financial risk.

“*Human services related field*” means that as defined in rule 441—24.61(225C).

“*Individualized services*” means services and supports that are tailored to meet the individual needs of the consumer. Consumers have the opportunity to make choices to purchase or modify existing services and supports, design new services or supports that respond to their evolving needs, to accept the consequences of their choices, and to provide feedback to the system about accessibility, responsiveness, quality, and effectiveness of services and supports.

“*Legal settlement*” is as defined in Iowa Code sections 252.16 and 252.17.

“*Managed care*” means a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors:

1. Achieving high-quality outcomes for participants.
2. Coordinating access.
3. Containing costs.

“*Managed system*” means a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

“*Management organization*” means an organization contracted to manage part or all of the service system for a county.

“*Provider*” means a person or group of persons or agency providing services for people with disabilities.

“*Qualified professional*” means a person who is recognized by peers within the professional community and who has education, training, licensure, certification, or experience to make the particular decision at issue as required by federal or state law.

“*Screening*” means the process used by the central point of coordination to determine eligibility for the service system.

“*Service coordinator*” means a person as defined in rule 441—22.1(225C). For purposes of these rules this may include department social workers providing social casework as defined in rule 441—130.6(234), or an individual case manager as defined in the preamble of 441—Chapter 24, Division II.

“*Services fund*” means the county mental health, mental retardation, and developmental disability services fund created in Iowa Code Supplement section 331.424A, subsection 2, including, but not limited to, the fixed county budget.

“*Service system*” refers to the services and supports administered and paid from the county mental health, mental retardation, and developmental disability services fund (Iowa Code Supplement section 331.424A).

“*State case status*” is the status of a person who does not have a county of legal settlement as defined in Iowa Code sections 252.16 and 252.17.

“*System principles*” means:

1. “*Choice*” which means the abilities of consumers, their families, and authorized representatives to exercise informed choices about the amounts and types of services and supports received.
2. “*Community*” which means that the system supports the rights and abilities of all consumers to live, learn, work, and recreate in natural communities of their choice.
3. “*Empowerment*” which means that the service system reinforces the rights, dignity, and ability of consumers and their families to exercise choices, take risks, provide valuable input, and accept responsibility.

“*Unique identifier*” means the social security number or the personal identifier for a consumer determined using a methodology adopted by the state-county management committee.

“*Utilization management*” means the process used to determine whether a specific intervention is appropriate for a given consumer. Utilization management helps to ensure that services are provided within the specified benefit design parameters and that they are the most cost-effective services for that consumer at that time.

441—25.12(331) County management plan—general criteria. A county shall develop a plan annually for providing an array of cost-effective individualized services and supports which assist the consumers to be as independent, productive, and integrated into the community as possible within the constraints of the services fund. The plan shall meet the following criteria:

25.12(1) *Geographical area.* The plan shall define the geographical area covered by the plan.

25.12(2) *Vision.* The plan shall describe how it will move toward implementation of the vision embodied in these rules. The plan shall list goals and objectives which are guided by the system principles of choice, empowerment, and community. The plan shall describe the system that exists currently, the system which the county plans to have in place in three years, the action steps which will be taken to develop the future system, and how progress toward implementation will be measured.

25.12(3) *Consumer access.* The plan shall describe how the county will provide consumer access to needed services and supports.

25.12(4) *Community services.* The plan shall describe how the county will provide flexible, cost-effective community services and supports to meet the consumer needs in the least restrictive environment possible.

25.12(5) *Methods to evaluate.* The plan shall describe the methods which will be used to monitor and evaluate the service system and service outcomes and how this information will be used to revise and improve future plans for the service system. Plans due on and after April 1, 1997, shall also report on the progress toward implementing the objectives established in the previous year’s plan.

25.12(6) *Information.* The plan shall include information on consumer eligibility, scope of services, plan administration, service authorization and utilization management, evaluation and a description of the interfaces of the county-managed system with other entities that provide services and supports to consumers covered by the plan.

25.12(7) *Conflict of interest policy.* The plan shall describe a conflict of interest policy that shall ensure that service authorization decisions are either made by individuals or organizations which have no financial interest in the services or supports to be provided or that such interest is fully disclosed to consumers, counties, and other stakeholders.

25.12(8) *Confidentiality.* The plan shall ensure compliance with all applicable state and federal statutes on confidentiality.

441—25.13(331) *Plan development.* The process for the development of the plan or an amendment to the plan shall involve the various stakeholders in the process in a meaningful way. These stakeholders shall include, but not be limited to, consumers, family members, county officials, and providers. The process used to involve these stakeholders shall be documented in the plan including how comments received on the plan were considered in the development of the final plan. The county may use the mental health and developmental disabilities regional planning councils established under Iowa Code section 225C.18 to develop the plan. The plan shall contain a list of the persons designated by the county to develop the plan and whom they represent. The process shall include at least one public hearing.

441—25.14(331) *Plan administration.* The plan shall describe the structure, policies and procedures the county will use to administer the plan. This description shall include, but not be limited to:

25.14(1) *A statement regarding administration.* A statement that the county will directly administer the plan or a description of the management organization responsible for plan administration shall be included. If the county contracts for plan administration, the plan shall contain a description of how the county will monitor the management organization's performance through designated county staff or through another contractor independent of the management organization.

25.14(2) *The provider network.* The network of providers which will be developed to provide the full scope of services and supports described in the plan shall be included.

25.14(3) *The provider selection process.* This process shall ensure that providers subject to license, accreditation or approval meet established standards. The plan shall detail the approval process, including criteria, developed to select providers that are not currently subject to license, accreditation or approval standards.

25.14(4) *The quality assurance process.* The process to develop and implement ongoing quality assurance for the service system developed by the plan and services and supports provided by the plan that complies with rule 441—25.22(331) shall be included.

25.14(5) *The financial accountability process.* The process to ensure the ongoing financial accountability of the plan shall be included. Financial accountability requirements shall be described in at least the following detail:

a. The rate-setting and reimbursement methods used to reimburse service and support providers, which may include vouchers and other nontraditional payment mechanisms.

b. The methodology used to determine the solvency of any plan not directly administered by the county and the solvency of the management organization responsible for the administration of the plan. This shall include a requirement for an annual independent audit of the management organization responsible for plan administration.

c. The rate-setting and reimbursement methods used by the county to reimburse the management organization responsible for plan administration if the county does not directly administer the plan.

25.14(6) *The contract requirements prohibiting reduction of services.* The contract requirements the county will use to ensure that a management organization does not eliminate or reduce services appropriate to consumer needs to achieve a profit but achieves its administrative costs and profit from implementation of program efficiencies shall be included.

25.14(7) *The annual budget.* The annual budget, including administrative costs of the county or the management organization, and the funding priorities for providing services and supports to various eligibility groups to ensure that funding will be available for the entire planning period shall be included.

25.14(8) *The tracking system.* A description of the system to track services and supports and payments made on behalf of all approved consumers which will provide an unduplicated consumer count and expenditure data shall be included.

25.14(9) *The ongoing education process.* The plan shall include the process the county will use to provide ongoing education, in various accessible formats, on its planning process and the intake and service authorization process to the community, including consumers, family members, and providers.

25.14(10) *The plan for staffing.* The county shall employ, directly or through contract, an adequate number of staff persons to administer the plan. At least one person shall be designated to implement the central point of coordination process defined in rule 441—25.17(331) who meets the qualifications of a central point of coordination administrator. Elected county or state officials shall not be hired or appointed as the central point of coordination administrator. A person who had been employed by the county to implement a central point of coordination process or to perform similar duties, prior to April 1, 1996, who has at least one year of experience in program administration and planning in human services or a related field working with people with disabilities, shall be exempt from the central point of coordination administrator requirements.

The department shall establish a state central point of coordination process as defined in rule 441—25.17(331) for persons with state case status.

441—25.15(331) Scope of services. The plan shall describe the covered services and supports. The type of services and supports shall be described by eligibility group. In addition, the plan shall describe the efforts planned by the county or management organization to develop individualized services and supports.

25.15(1) *Emergency services.* The plan of covered services and supports shall include the process for authorizing emergency services. The process shall require in such a case, that application for service, as provided in rule 441—25.19(331), be made according to the criteria and time frames contained in the county management plan.

25.15(2) *Waiting lists.* If the plan specifies the use of waiting lists for funding services and supports, it shall specify criteria for the use and review of each waiting list, including the criteria to be used to determine how and when a consumer will be placed on a waiting list. The plan shall specify how waiting list data will be used in future planning. If the county enters into a full-risk contract with a management organization, the contract shall specify that the management organization shall not use waiting lists to manage access to services and supports.

441—25.16(331) Consumer eligibility. The plan shall describe the eligibility criteria for services and supports in the county and the process used to enroll consumers. This description shall include, but not be limited to, a description of who is eligible to receive services and supports by eligibility group and type of service or support and the criteria for any consumer copayments that may be required. Any copayment requirements shall be related to ability to pay for services and supports and comply with Iowa liability law as specified in the Iowa Code.

441—25.17(331) Central point of coordination process. To comply with the requirements of Iowa Code Supplement sections 331.439 and 331.440, the county, as part of plan administration, shall implement a central point of coordination (CPC) process. The central point of coordination process shall be readily accessible to consumers and their families or authorized representatives, incorporate consideration for individual consumer choice and facilitate prompt access to the service system. Consumers and their families or authorized representatives may initiate contact either directly with the central point of coordination or through an access point. The central point of coordination process shall include implementation of the intake process; determination of consumer eligibility; referral, if needed, to a service coordinator; referral, if needed, for a clinical assessment; consumer enrollment into authorized services and supports; service and cost tracking; collection and reporting of data; authorizing funding within the guidelines established in the county management plan; public education; and collaboration with other funders, providers, consumers and their families or authorized representatives, and advocates.

441—25.18(331) Delegated functions. A county may contract with providers to perform functions of the central point of coordination for persons coming to the designated provider for service or may contract with a management organization to carry out the functions of the central point of coordination. When delegation is made, the county shall be responsible for ensuring that the contractor complies with 441—Chapter 25 for any delegated duties and responsibilities.

441—25.19(331) Enrollment process. The county plan shall specify the time frames for conducting an intake and enrollment process that provides for timely access to services, including necessary and immediate services. The intake process shall include an application process that is readily accessible to consumers and their families or authorized representatives. The process shall include:

25.19(1) *An application form.* The application form shall be used and shall be available in formats and languages appropriate to consumers' needs.

25.19(2) *Access points.* The access points shall designate where application may be made.

25.19(3) *Forwarding of applications.* A process shall be included to ensure that applications received by an access point are forwarded to the consumer's county of residence and, when known, county of legal settlement, or the county departmental office for those with state case status, by the end of the working day.

25.19(4) *Training.* Training of the access points authorized to take applications on the intake process and use of the application form shall be provided.

25.19(5) *An application review process.* An application review process shall ensure a prompt screening for eligibility and initial decision to approve or reject the application or to gather more information.

25.19(6) *A notice of decision.* A written notice of decision which explains the action taken on the consumer's application and the reasons for that action shall be sent to the consumer or authorized representative or, in the case of minors, the family or the consumer's authorized representative. The notice of decision shall outline the consumer's right to appeal and include a description of the appeal process.

25.19(7) *A process for authorization of payment.* A process shall be included in those cases where the person making application has legal settlement in another county where the central point of coordination shall coordinate the authorization of payment for services and supports with the county of legal settlement or with the county departmental office for those with state case status. If the county of legal settlement and the county of residence mutually decide, the county of legal settlement may perform the central point of coordination functions.

25.19(8) *A funding policy.* A policy that each county be responsible for funding only those services and supports that are authorized in accordance with the process described in the county management plan.

441—25.20(331) Service authorization and utilization management. The plan shall describe the process to be used to determine the appropriate services and supports to be received by each enrolled consumer. The plan shall describe the guidelines to be used when making these decisions, including consideration of guidelines for individualized services and supports. The plan shall include provisions for the review of the decisions, if necessary, by a qualified professional. This process may vary by eligibility group and type of service and support. The plan shall ensure that those staff members responsible for the authorization and denial of services and supports have appropriate education and experience to authorize or deny the services and supports. This description shall include, but not be limited to:

25.20(1) Criteria. The criteria used to authorize or deny services and supports.

25.20(2) Time frame. The time frame for sending a written notice of decision to the consumer or authorized representative, or in the case of minors, the family, which explains the service authorization decision and the criteria used to arrive at the decision. The notice of decision shall outline the consumer's right to appeal and include a description of the appeal process.

25.20(3) Qualifications. The qualifications of the people who authorize or deny services and supports. The county shall ensure that those authorizing or denying services and supports comply with subrule 25.12(7).

25.20(4) Waiting list. If the consumer is placed on a waiting list for funding, the notice of decision shall include an estimate of how long the consumer is expected to be on the waiting list and the process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.

441—25.21(331) Appeals. The county shall develop and implement a process for appealing the decisions of the county or its agent. This appeal process shall be based on objective criteria, specify time frames, provide for notification in accessible formats of the decisions to all parties, and provide some assistance to consumers in utilizing the process. Responsibility for the final administrative decision on an appeal shall rest with the county board of supervisors. If the appellant has state case status, responsibility for the final administrative decision on an appeal shall rest with the department, following the procedures established in 441—Chapter 7.

441—25.22(331) Quality assurance. The plan shall describe a detailed quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. The stakeholders shall be involved in the development and implementation of the quality assurance process and evaluation of the system with emphasis on consumer input.

25.22(1) *Consumer satisfaction.* The system evaluation shall be developed pursuant to the objectives described in subrule 25.12(2). The system evaluation shall include, but not be limited to, an evaluation of consumer satisfaction, empowerment, and quality of life; provider satisfaction; patterns of service utilization; responsiveness to consumer needs and desires; the number and disposition of consumer appeals and the implementation of corrective action plans based on these appeals; and cost-effectiveness. The plan shall describe the process by which the county will phase in implementation of the mechanisms to perform the evaluations.

25.22(2) *Quality of provider services.* The services and supports evaluation shall include, but not be limited to, an evaluation of the quality of provider services and supports based on consumer satisfaction and achievement of desired consumer outcomes; the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals; and the cost-effectiveness of the services and supports developed and provided by individual providers. The evaluation shall ensure that services and supports are provided in accordance with provider contracts.

25.22(3) *Annual report.* The plan shall require that the county or management organization shall complete an annual report including the information listed in this rule. The annual report shall be made available in accessible formats. The plan shall describe how information from the annual report from the previous year was incorporated into the current plan and how the information will be used to develop future plans for the funding and provision of services and supports to eligible groups.

441—25.23(331) *Description of interfaces.* The plan shall describe the interfaces between the services and supports described in the plan with services and supports funded and provided by other services systems. Interfaces to consider include, but are not limited to, the mental health access plan, other Medicaid-funded services, other health care payers, chemical dependency services and supports, services ordered and funded by the judicial system, services funded by the education system, services funded by the child welfare system and services funded by the vocational rehabilitation system.

441—25.24(331) *Collaboration.* The county management plan shall include provisions for collaboration with other funders, service providers, consumers and their families or authorized representatives, and advocates to ensure that authorized services and supports are responsive to consumers' needs and desires and are cost-efficient.

441—25.25(331) *Collaboration with the courts.* The county management plan shall describe the process for collaboration with the court to ensure that the court is aware of the services and supports available through the county management plan as alternatives to commitment and to coordinate funding for services to persons who are under court-ordered commitment pursuant to Iowa Code chapters 222, 229, and 232.

441—25.26(331) *Plan review.* The director, in consultation with the state-county management committee, shall review all county management plans submitted by the dates specified. The county management plan for people with mental illness and chronic mental illness is due to the department by April 1, 1996, and every April 1 thereafter. The county management plan for people with mental retardation and other developmental disabilities is due to the department by October 1, 1996, and every April 1 thereafter. Based on the recommendations of the state-county management committee, and if the director finds the county plan in compliance with these rules, the director may approve the plan.

25.26(1) *Criteria for acceptance.* The director shall determine a plan is acceptable when it contains all of the required information and meets the criteria described in this division. The director may approve a plan which establishes that the county is making reasonable progress toward fully meeting the criteria, provided the county has included a timeline which includes specific measurable objectives and does not exceed five years.

25.26(2) *Additional information.* The director may request additional information to determine whether or not the plan contains all the required information and meets the criteria described in this division.

25.26(3) *Notification.* Except as specified in subrule 25.26(4), the director shall notify the county in writing of the decision on the plan within 45 days after receipt of the county management plan. The county management plan for people with mental illness and chronic mental illness shall be implemented July 1, 1996, and July 1 of each succeeding year. The county management plan for people with mental retardation and other developmental disabilities shall be implemented January 1, 1997, and July 1 of each succeeding year. The decision shall specify that either:

a. The plan is approved as it was submitted, either with or without supplemental information already requested and received.

b. The plan is not approved until revisions are made. The letter will specify the nature of the revisions requested and the time frames for their submission. The director may authorize a county to continue operation for up to 90 days under a previously approved plan.

c. The plan is approved provided stated conditions are met.

25.26(4) *Review of late submittals.* The director may review plans not submitted by the dates specified in rule 441—25.26(331) after all plans submitted by the dates specified have been reviewed.

25.26(5) *Request to amend.* The county may file a request to amend the plan. The request, signed by the board of supervisors, shall be sent to the director at least 60 days prior to the proposed amendment's effective date. The director, in consultation with the state-county management committee, shall issue a decision either allowing the amendment as submitted, allowing the amendment provided stated conditions are met, or disallowing the amendment, within 60 days of receipt of the proposed amendment.

441—25.27(331) *Reconsideration.* Counties dissatisfied with the director's decision on a plan may file a letter requesting reconsideration with the director. The letter of reconsideration must be received within 30 working days of the date of the notice of decision and shall include a request for the director to review the decision and the reasons for dissatisfaction. Within 30 calendar days of receipt of the letter requesting reconsideration, the director, in consultation with the state-county management committee, will review both the reconsideration request and evidence provided and the director shall issue a final decision.

441—25.28(331) *Technical assistance.* The department shall provide technical assistance and other necessary support to counties to assist in the development and implementation of the county management plans, and completion of the expenditure reports.

These rules are intended to implement Iowa Code Supplement sections 331.424A, 331.439, and 331.440.

441—25.29 to 25.40 Reserved.

DIVISION III
MINIMUM DATA SET

441—25.41(331) Minimum data set. Each county shall maintain data on all clients served through the MH/DD services fund. The type of information needed on each client is as follows:

1. Basic client information including a unique identifier, name, address, county of residence and county of legal settlement.

2. The state I.D. number for state payment cases.

3. Demographic information including, but not limited to, date of birth, sex, ethnicity, marital status, education, residential living arrangement, current employment status, monthly income, income sources, type of insurance, insurance carrier, veterans' status, guardianship status, legal status in the system, source of referral, DSM IV diagnosis, ICD-9 diagnosis, disability group (i.e., mental retardation, developmental disability, chronic mental illness, mental illness), central point of coordination (county number preceded by A 1), and central point of coordination (CPC) name.

4. Service information such as the decision on services, date of decision, date client terminated from CPC services, reason for termination, residence, approved service, service beginning dates, service ending dates, reason for terminating, approved units of services, and unit rate for service.

A county may choose to collect this information using the county management information system (CoMIS) program that was designed by the department or may collect the information through some other means. If a county chooses to use another system, the county must be capable of supplying the information in the same format. Below is the structure or description for each data item contained in CoMIS.

| NAME | DESCRIPTION | SIZE | TYPE | ACCEPTABLE CODES/ENTRIES | REASON/USE |
|------------|----------------------------|------|------|---------------------------|--|
| Client ID# | Client Identifier | F | | Social Security Number | Unique identifier for each client/allows unduplicated client information |
| RESCO | County of Residence | F | N | 00 through 99 | Where the person lives |
| LEGCO | County of Legal Settlement | F | N | 00 through 99 | Who has financial responsibility |
| SID | State ID | F | A/N | | Not required except for state payment cases |
| LNAME | Last name | F | A | Client's last name | CPC info |
| FNAME | First name | F | A | Client's first name | CPC info |
| MI | Middle initial | F | A | Client's middle initial | CPC info |
| ADD1 | First address field | F | A/N | | For local CPC use |
| ADD2 | Second address field | F | A/N | | For local CPC use |
| CITY | City/town | F | A | | City where post office is located |
| STATE | State | F | A | State | State |
| ZIP | Postal Zip Code | F | N | 5-Digit Zip | |
| BDATE | Date of Birth | F | N | Month/day/four-digit year | Demographic for planning |
| SEX | Sex | F | A | 1=Male 2=Female | Demographic for planning |

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| ETHN | Ethnicity | F | N | 1=White, not Hispanic 2=African American, not Hispanic 3=American Indian or Alaskan native 4=Asian or Pacific Islander 5=Hispanic 6=Other (e.g., Biracial; IndoChinese; etc.) | Demographic for planning |
| MARITAL | Marital status | F | N | 1=Single, never married 2=Married (includes common-law marriage) 3=Divorced 4=Separated 5=Widowed | Demographic for planning |
| EDUC | Education in years | F | N | Number of years | Demographic for planning |
| RARG | Residential arrangement (what type of setting) | F | N | 01=Private residence/household 02=State MHI 03=State Hospital-School 04=Community-supervised apt. 05=Foster Care/Family Life Home 06=Residential Care Facility 07=RCF/MR 08=RCF/PMI 09=Intermediate Care Facility 10=ICF/MR 11=ICF/PMI 12=Correctional facility 13=Homeless shelter/street 14=Other | Demographic for planning Demographic for planning |
| LARG | Living arrangement (with whom) | F | N | 1=Lives alone 2=Lives with relatives 3=Lives with persons unrelated to the person | Demographic for planning |
| EMPL | Current employment status | F | N | 01=Unemployed, available for work 02=Unemployed, <u>not</u> available for work 03=Employed full-time 04=Employed part-time 05=Retired 06=Student 07=Work Activity 08=Sheltered Work 09=Supported Employment 10=Voc-Rehab (Rehab) 11=Seasonal Work 12=Armed Forces 13=Homemaker 14=Other/NA | Demographic for planning |
| MOINC | Monthly income | F | N | Total dollar income | Eligibility and planning data |

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|------------------|--|---|-----|---|-------------------------------|
| INCSOUR | Income sources | F | A/N | 1=Employment wages 2=Public assistance payments 3=Social Security 4=Social Security/Disability 5=Supplemental Security Income 6=Veterans Administration Benefits 7=Railroad Pension 8=Child Support 9=Dividends, interest, etc. 10=Other | Planning data |
| INS | Type of insurance | F | A/N | 1=Self-insured 2=Insured by employer 3=Medicare 4=Medicaid 5=No insurance 6=Other | Recovery and planning data |
| INSCAR | Insurance carrier | F | A/N | Name of company | Recovery and planning data |
| VET | Veterans' status | F | A | Is the applicant a veteran of the US armed forces? Y=Yes N=No | Planning data |
| GUARD | Guardianship status | F | N | 1=Self 2=Guardian 3=Conservator 4=Legal Payee | Planning data |
| LEGSTAT | Legal status in the system | F | N | 1=Voluntary 2=Involuntary, civil commitment 3=Involuntary, criminal commitment | Planning data |
| REFSO | Source of referral | F | N | 1=Self 2=Family member(s) or friend(s) 3=Targeted case management 4=Other case management 5=Community corrections 6=Social service agency other than case manager 7=Other | Planning data |
| DSMIV | DSM IV diagnosis | F | A/N | DSM IV Diagnosis | Eligibility and planning data |
| ICD9 | ICD-9 diagnosis | F | A/N | ICD-9 Diagnosis | Eligibility and planning data |
| DG | Disability Group (i.e., MR, DD, CMI, MI) | F | N | Two-digit code from Chart of Accounts | Planning data |
| CPC# | Central Point of Coordination | F | N | County number preceded by A 1 | |
| APPLICATION DATE | Date of application | F | N | Month/day/four-digit year | Management and planning data |
| OUTCOME DECISION | Acceptance for services decisions | F | | 1=Applicant accepted 2=Applicant denied | Management and planning data |
| DECISION DATE | Date of decision | F | N | Month/day/four-digit year | Management and planning data |

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| DENIAL REASON | If denied services, what was the reason | F | N | 1=Over income guidelines 2=Does not meet County Plan criteria 3=Does not meet Diagnostic Group criteria 3a=Brain injury 3b=Alzheimer's 3c=Substance abuse 3d=Other | Management and planning data |
| CLIENT EXIT DATE FROM CPC | Date client terminated from CPC services | F | N | Month/day/four-digit year | Management and planning data |
| EXIT REASON | Reason for termination | F | N | 0=Unknown 1=Consumer voluntarily withdrew 2=Consumer deceased 3=Unable to locate consumer 4=Ineligible due to reasons other than income 5=Ineligible, over income guidelines 6=Consumer moved out of state 7=Consumer no longer needs service | Management and planning data |
| RESIDENCE | Residence | F | N | 1=Private residence/household 2=State MHI 3=State Hospital School 4=Community-supervised living 5=Foster care/Family life home 6=Residential care facility 7=RCF/MR 8=RCF/PMI | Management and planning data |
| SVC1COA | Approved Service #1 | F | N | Chart of Account Number | Management and planning data |
| BEGIN1 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END1 | Service end date | F | N | Month/day/four-digit year | Management and planning data |
| REASONEND1 | Reason for terminating approval of first service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS1 | Approved units for first service | F | N | Number of units approved | Management and planning data |
| RATE1 | Unit rate for first service | F | N | Units cost for this service | Management and planning data |
| SVC2COA | Approved Service #2 | F | N | Chart of Account Number | Management and planning data |
| BEGIN2 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END2 | Service end table | F | N | Month/day/four-digit year | Management and planning data |

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| REASONEND2 | Reason for terminating approval of second service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS2 | Approved units for second service | F | N | Number of units approved | Management and planning data |
| RATE2 | Unit rate for second service | F | N | Units cost for this service | Management and planning data |
| SVC3COA | Approved Service #3 | F | N | Chart of Account Number | Management and planning data |
| BEGIN3 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END3 | Service end table | F | N | Month/day/four-digit year | Management and planning data |
| REASONEND3 | Reason for terminating approval of third service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS3 | Approved units for third service | F | N | Number of units approved | Management and planning data |
| RATE3 | Unit rate for third service | F | N | Units cost for this service | Management and planning data |
| SVC4COA | Approved Service #4 | F | N | Chart of Account Number | Management and planning data |
| BEGIN4 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END4 | Service end table | F | N | Month/day/four-digit year | Management and planning data |
| REASONEND4 | Reason for terminating approval of fourth service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS4 | Approved units for fourth service | F | N | Number of units approved | Management and planning data |
| RATE4 | Unit rate for fourth service | F | N | Units cost for this service | Management and planning data |
| SVC5COA | Approved Service #5 | F | N | Chart of Account Number | Management and planning data |
| BEGIN5 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END5 | Service end table | F | N | Month/day/four-digit year | Management and planning data |

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| REASONEND5 | Reason for terminating approval of fifth service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS5 | Approved units for fifth service | F | N | Number of units approved | Management and planning data |
| RATE5 | Unit rate for fifth service | F | N | Units cost for this service | Management and planning data |
| SVC6COA | Approved Service #6 | F | N | Chart of Account Number | Management and planning data |
| BEGIN6 | Service begin date | F | N | Month/day/four-digit year | Management and planning data |
| END6 | Service end date | F | N | Month/day/four-digit year | Management and planning data |
| REASONEND6 | Reason for terminating approval of sixth service | F | N | 1=Voluntary withdrawal 2=Consumer no longer needs service 3=Ineligible, over income guidelines 4=Ineligible due to other than income 5=Consumer moved out of state 6=Consumer deceased | Management and planning data |
| UNITS6 | Approved units for sixth service | F | N | Number of units approved | Management and planning data |
| RATE6 | Unit rate for sixth service | F | N | Units cost for this service | Management and planning data |
| SVC1WAIT | First Service on waiting list | F | N | Chart of Account Number | Management and planning data |
| DATEWAIT1 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT1 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |
| SVC2WAIT | Second Service on waiting list | F | N | Chart of Account Number | Management and planning data |
| DATEWAIT2 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT2 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |
| SVC3WAIT | Third Service on waiting list | F | N | Chart of Account Number | Management and planning data |
| DATEWAIT3 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT3 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |
| SVC4WAIT | Fourth Service on waiting list | F | N | Chart of Account Number | Management and planning data |

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|-------------|--------------------------------------|---|---|--|------------------------------|
| DATEWAIT4 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT4 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |
| SVC5WAIT | Fifth Service on waiting list | F | N | Chart of Account Number | Management and planning data |
| DATEWAIT5 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT5 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |
| SVC6WAIT | Sixth Service on waiting list | F | N | Chart of Account Number | Management and planning data |
| DATEWAIT6 | Date entered on waiting list | F | N | Month/day/four-digit year | Management and planning data |
| REASONWAIT6 | Reason for placement on waiting list | F | N | 1=Service opening not available 2=For planning purposes 3=For funding purposes | Management and planning data |

This rule is intended to implement Iowa Code sections 331.438 and 331.439.

441—25.42 to 25.50 Reserved.

DIVISION IV
INCENTIVE AND EFFICIENCY POOL FUNDING

PREAMBLE

These rules establish requirements for counties to receive funding from the incentive and efficiency pool. To be eligible for these funds, a county must select five performance indicators, submit a proposal, collect data, report data, and show improvement over time on the selected performance indicators.

441—25.51(77GA, HF2545) Desired results areas. In order to receive funds from the incentive and efficiency pool established in 1998 Iowa Acts, House File 2545, section 8, subsection 2, each county shall collect and report performance measure data in the following areas:

25.51(1) Equity of access. Each county shall measure the extent to which services are available and used. Each county shall:

a. Report annually the total number of consumers served, as well as an unduplicated total of the number of consumers served by disability category.

b. Calculate and report annually the percentage of service provision by dividing the number of consumers served in a year by the county’s population as defined in 1998 Iowa Acts, House File 2545, section 7.

c. Calculate and report annually the percentage of denial of access by dividing the number of new, completed applications denied by the total number of new applications for service that year. A new, completed application shall be defined as an initial application of a consumer or any former consumer who is reapplying for service eligibility after more than 30 days of not being enrolled in the system, for which the consumer has supplied the information required on the application form.

d. Report annually the county's eligibility guidelines, which may include, but are not limited to, the income level below which an individual or family must be in order to be eligible for county-funded services, the maximum amount of resources which an individual or family may have in order to be eligible for county-funded services, covered populations, and service access criteria.

25.51(2) Community-based supports. Each county shall measure the extent to which community-based supports are available and used. Each county shall calculate and report annually:

a. The service setting percentage by dividing the unduplicated number of persons served in each of the following service settings in a fiscal year by the total unduplicated number of consumers served, both in total and by population group: mental health institutes, state hospital schools, intermediate care facilities for the mentally retarded, other living arrangements over five beds as captured by the county chart of accounts, and employment settings which include sheltered workshops, enclaves and supported employment.

b. The home-based percentage by subtracting the number of consumers currently being served in residential placements from the total unduplicated number of consumers served, and dividing the difference by the total number of consumers served. The calculation shall be made both in total and by population group.

c. The inpatient spending percentage by dividing the amount the county spent for inpatient services by the amount the county spent for outpatient services. Each county shall also divide the unduplicated number of consumers who received inpatient services during the fiscal year by the total unduplicated number of consumers who received services during that same fiscal year. Inpatient services shall be defined as any acute care for which the county is wholly or partially financially responsible.

25.51(3) Consumer participation. Each county shall measure the extent to which consumers participate in all aspects of the service system.

a. Each county shall report annually on the number of opportunities during the year for consumers to participate in planning activities, which may include, but are not limited to, open forums, focus groups, consumer advisory committee meetings, and planning council meetings by calculating the total number of consumers participating in these activities and dividing by the unduplicated number of consumers served and also by the total population of the county. In addition, the county shall report duplicated and unduplicated total attendance at all of these meetings. These calculations shall be made for consumers and family members separately.

b. Each county which has a planning group shall calculate and report annually the planning group percentage by dividing the number of consumers who actively serve on the planning group by the total number of people on the planning group. This calculation shall be made for consumers and family members separately. For the purposes of this subrule, a planning group is any group of individuals designated by the board of supervisors, or if no designation has been made, any group acknowledged by the central point of coordination administrator as assisting in the development of the county management plan.

c. Each county shall conduct a consumer satisfaction survey following adoption of more detailed rules for the survey.

25.51(4) Administration. Each county shall measure the extent to which the county services system is administered efficiently and effectively. Each county shall:

a. Calculate and report annually the administrative cost percentage by dividing the amount spent administering the county services system by the total amount spent from the services fund for the fiscal year.

b. Calculate and report annually the service responsiveness average by measuring the number of days between the date a new, completed application was submitted and the date a notice of decision of eligibility was sent to the consumer, adding all of these numbers of days, and dividing by the total number of new, completed applications for the fiscal year. A new, completed application shall be defined as an initial application of a consumer or an application of any former consumer who is reapplying for service eligibility after more than 30 days of not being enrolled in the system, for which the consumer has supplied the information required on the application form.

c. Report annually the number of appeals filed as a percent of the unduplicated total number of consumers served per year.

441—25.52(77GA, HF2545) Methodology for applying for incentive funding. Beginning with the county management plan for the fiscal year which begins July 1, 1999, each county applying for funding under 1998 Iowa Acts, House File 2545, section 8, subsection 2, shall include with its county management plan a performance improvement proposal for improving the county's performance on at least five performance measures. Three of the measures must be selected from at least two of the desired results areas stated in rule 441—25.51(77GA, HF2545). For the remaining two measures, the county either may propose measures not identified in these rules or may use measures described in these rules. A performance improvement proposal is not a mandatory element of a county management plan.

25.52(1) Performance improvement proposal. Each county shall identify the performance measures which the county has targeted for improvement and shall propose a percentage change for each indicator. The proposal shall include the county's rationale for selecting the indicators and may include any supporting information the county deems necessary. The proposal shall describe the process the county will use to involve consumers in the evaluation.

25.52(2) Committee responsibility. The state county management committee shall review all county proposals, and may either accept the proposal, request modifications, or reject the proposal. In order to interpret and provide context for each county's performance improvement proposal, the state county management committee shall, by January 1, 1999, establish the background data to be collected and aggregated for all counties.

25.52(3) County ineligibility. A county which does not have an accepted proposal prior to July 1 will be ineligible to receive incentive funds for that fiscal year. A county may apply for an extension by petitioning the state county management committee prior to July 1. The petition shall describe the circumstances which will cause the proposal to be delayed and identify the date by which the proposal will be submitted. In addition, the state county management committee may grant an extension for the purposes of negotiation.

441—25.53(77GA, HF2545) Methodology for awarding incentive funding. Each county shall report on all performance measures listed in this division, plus any additional performance measures the county has selected, by December 1 of each year.

25.53(1) Reporting. Each county shall report performance measure information on forms, or by electronic means, developed for the purpose by the department in consultation with the state county management committee.

25.53(2) Scoring. The department shall analyze each county's report to determine the extent to which the county achieved the levels contained in the proposal accepted by the state county management committee. Prior to distribution of incentive funding to counties, results of the analysis shall be shared with the state county management committee.

25.53(3) County ineligibility. A county which does not report performance measure data by December 1 will be ineligible to receive incentive funds for that fiscal year. A county may apply for an extension by petitioning the state county management committee prior to December 1. The petition shall describe the circumstances which will cause the report to be delayed and identify the date by which the report will be submitted.

441—25.54(77GA, HF2545) Subsequent year performance factors. For any fiscal year which begins after July 1, 1999, the state county management committee shall not apply any additional performance measures until the county management information system (CoMIS) developed and maintained by the division of mental health and developmental disabilities has been modified, if necessary, to collect and calculate required data elements and performance measures and each county has been given the opportunity to establish baseline measures for those measures.

441—25.55(77GA, HF2545) Phase-in provisions.

25.55(1) State fiscal year 1999. For the fiscal year which begins July 1, 1998, each county shall collect data as required above in order to establish a baseline level on all performance measures. A county which collects and reports all required data by December 1, 1999, shall be deemed to have received a 100 percent score on the county's performance indicators.

25.55(2) State fiscal year 2000. A county which submits a proposal with its management plan for the fiscal year which begins July 1, 1999, and reports the levels achieved on the selected performance measures by December 1, 2000, shall be deemed to have received a 100 percent score on the county's performance indicators, regardless of the actual levels achieved.

These rules are intended to implement 1998 Iowa Acts, House File 2545, section 8, subsection 2.

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